

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full												
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M		D		Y		Amount
Address				Purpose								
City				State		Zip Code		Check Number				

Page Total \$ _____